

**Utah Department of Public Safety
Division of Emergency Services and Homeland Security
COURSE REGISTRATION FORM**

Course Name: _____ **Date:** _____

1. PRINT NAME: (To appear on your certificate of completion):	2. Please Select One: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Rank (Dr., Lt., Sgt., Chief, etc.):	3. Social Security Number:
4. Home Address (Number, Street, City/Town, State, Zip Code):	5. Home Telephone Number:	6. Work Telephone Number:
7. Name and Complete Address of Organization Being Represented:	8. Current Emergency Management Position:	9. Contact Fax Number:
10. Please Note Any Special Needs or Requests: (Vegetarian, Medical Conditions, etc.):		
11a. I Am Attending the Course / Conference, But I Will Not Need A Room: <input type="checkbox"/>		
11b. IF APPLICABLE: I Live Over 50 Miles From the Course / Conference Site. Please Provide Me With A Room: <input type="checkbox"/> <input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking I Live Within 50 Miles of the Course / Conference Site. Please Reserve A Room At My Expense: <input type="checkbox"/> For the Evenings of:		
12. E-mail address (if applicable):		

Mail or Fax Form to: Room 1110 State Office Building, PO Box 141710, Salt Lake City, Utah 84114-1710

Fax Number: (801) 538-3770 Phone Number: (801) 538-3400

PLEASE VISIT THE DES WEBSITE TRAINING SCHEDULE FOR ADDITIONAL COURSES: des.utah.gov

PLEASE SUBMIT APPLICATION NO LATER THAN THREE WEEKS PRIOR TO COURSE OFFERING

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SUPERVISOR APPROVAL: _____ **DATE:** _____